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OXIDE OF ZINC IN NIGHT SWEATS.

BY S. L. ABBOT, M.D., ADMITTING PHYSICIAN, AND PHYSICIAN TO OUT-PATIENTS OF THE MASS. GENERAL HOSPITAL, BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

In a recent article in the Medical and Surgical Journal, on the treatment of the Night Sweats of Phthisis, Dr. Coxe, of New Orleans, gave his experience of the efficacy of various remedies, particularly of the sulphate of zinc. He refers to the oxide of zinc, also, as recommended by Dr. Theophilus Thompson, as the best remedy for this annoying symptom. From personal experience he cannot speak of its merits, but proposes to try it on the first convenient opportunity; he, however, is inclined, on the evidence of Prof. Wood, of Philadelphia, to regard the sulphate as the preferable form in which to administer the mineral.

In the *London Lancet* of October, 1854, Dr. Thompson speaks of the oxide of zinc, in combination with the extract of conium or hyoscyamus, as the very best remedy for the night sweats or phthisis. He recommends it in the dose of four grains of the salt to three grains of the extract, to be given in two pills at bedtime. Since that time I have been in the constant use of this remedy as occasion required, and can say, from my own experience, that I have rarely found any medicine meet so decidedly the symptom for which it is given. I have so much confidence in it that I always prescribe it first, and rarely meet with disappointment. I have made a synopsis of the accompanying cases from my note-book, giving a condensed statement of the auscultatory signs in each, with the duration of the disease, &c., that the reader may have an idea of the stage of the disorder at which the remedy was administered. I have omitted, in most instances, any reference to the treatment of other symptoms than the night sweats. The patients were all of them under my care as out-patients of the Massachusetts General Hospital. I find in my note-books record of as many more to whom the remedy was given for the same

symptom, but the record is incomplete from the failure of the patients to report themselves subsequently. The oxide of zinc as a remedy for the night sweats of phthisis, has been most favorably spoken of several times, at the meetings of the Boston Society for Medical Improvement, within the last year or two, by Dr. J. B. S. Jackson, also by Dr. Wm. E. Coale, as well as myself. In no instance have I seen any ill effects from its use. In two or three instances patients have thought it regulated the bowels where constipation had previously existed. I have found the same relief to follow its use in private practice as in the case of hospital patients, but my notes of cases are not equally full. I give the cases in the order in which they stand on my books, with the statement of the amount of relief experienced as there recorded. They are all, with two or three exceptions, cases of unequivocal phthisis.

No. 1.—Mary S., aged 30; married. December 1st, 1854. Cough of seventeen months' standing. Occasional hæmoptysis; sometimes blood mixed with sputa. No appearance of catamenia since the birth of a child nineteen months since. Child was weaned at sixteen months. Profuse night sweats. Much annoyed by nausea; vomits several times daily. Kept awake at night by cough. A large cavity at the summit of the right lung. Patient has taken cod-liver oil, but the stomach cannot retain it. R. Acid gallici, gr. ij. before each meal. R. Zinci oxid., gr. iv.; ext. hyoscyami, gr. ij., in two pills at bed-time.

7th.—Nausea less. Night sweats less, but not entirely checked. Bowels moved two or three times daily since last visit. Sleep disturbed by cough. Double dose of gallic acid. Add to pills one grain of opium.

14th.—Night sweats as at last visit. Nausea for last three days as bad as ever. Bowels regular. Patient reports herself as having been very constipated before coming under my care. Appetite poor. Continue treatment. R. Inf. gentian c., fʒ i. bis die.

No. 2.—Martha Ann S., aged 23; single; seamstress. Feb. 12th, 1855. An invalid for five years. Gave up work ten weeks since. Cough, with free expectoration. Night sweats; hectic; emaciation. Softening of tubercles at both summits, with cavernous respiration and gurgling beneath right clavicle. R. Ol. morrhue, fʒij. ter. die. R. Zinci oxid., gr. iv.; ext. conii, gr. iij., in two pills at bed-time.

19th.—Night sweats much relieved. Nights easy. Continue. The use of the pills was continued until death, as occasion required, with complete relief to the symptom for which they were given.

No. 3.—John M., Jr., aged 22; currier. Feb. 13th, 1855. Ailing for five months. Cough, with some of the rational signs of Phthisis. Frequent night sweats. Percussion less resonant in upper

third of left front chest than right, with prolonged expiration at summit and moderate crackle beneath clavicle after cough. Wavy inspiration decided throughout left back, slight in right back. Respiration somewhat rude throughout left lung. Cod-liver oil and morphine were given, and nitrate of silver, gr. xl., aq. f 3 i., was applied to the throat.

20th.—About the same. Continue. R. Zinci oxid., gr. iv.; ext. conii, gr. iij., in two pills at bed time.

28th.—Night sweats less.

The patient returned occasionally until April 27th. The night sweats were very much diminished under the use of the zinc. Other remedies were employed, such as are usually given in phthisis, to relieve temporary conditions. Cod-liver oil and stimulants were taken freely.

No. 4.—Richard W., aged 45; bootmaker. Feb. 23d, 1855. Cough of sixteen months' standing. Rational signs of consumption. Occasional night sweats. Extensive softening of tubercles throughout right lung, with evidence of tubercular deposit at left summit.

March 28th.—Last three nights has had night sweats. R. Zinci oxid, gr. iv.; ext. conii, gr. iij., in two pills at bed-time. Other remedies were ordered for other symptoms.

April 2d.—Night sweats but twice since 26th ult. The remedy was continued, *pro re natâ*, until death.

No. 5.—Patrick H., aged 26; tailor. March 9th, 1855. Cough of six weeks standing, with rational signs of phthisis. Night sweats. No marked difference on percussion between right and left chests in front. Respiration rather feeble throughout front chest, with a slight click heard two or three times after cough and forced inspiration at left summit. Left back decidedly less resonant on percussion than right, at summit almost flat, with corresponding feebleness of respiration, but no rales. Cod-liver oil.

17th.—The same. Night sweats very severe. Take two pills of zinc and conium at bed-time.

23d.—Night sweats as before. Substitute acid. sulph. aromat. gtt. xx. ter die for pills. The patient did not return.

No. 6.—Cecelia R., aged 24; married. March 21st, 1855. Cough of three months' standing, with rational signs of phthisis. Night sweats. Feeble respiration, with prolonged expiration at right summit on forced inspiration, without rales. Between right scapula and spine, a strong mucous rale heard several times after forced inspiration, with cough. For night sweats, two zinc and conium pills each night.

27th.—No night sweats since, until last night, when had a slight return of this symptom, which subsequently continued to be fully under control of the pills.

No. 7.—Bridget C., aged 14. March 23d, 1855. Cough of

four weeks' standing. Dyspnœa and night sweats. Percussion at left summit behind, quite dull. Very loud sonorous rales heard all over back, particularly marked towards summits, without moist rales. Respiration at left summit behind feeble.

In this case no relief was experienced from the use of the oxide of zinc; the dose, however, was not increased above four grains.

No. 8.—Catherine B., aged 21; tailoress. July 5th, 1855. An invalid during past five months, but cough dates back but three weeks. Percussion less resonant at right summit front than left, although not absolutely flat. Respiration at both summits front rude; at right apex feeble, with prolonged expiration and a decided crepitus with inspiration. Similar signs above spine of right scapula to summit, and between scapula and spine. Percussion of left back more resonant than over right, with respiration generally exalted, but not purely vesicular at apex.

August 12th.—Bad night sweats, &c. R. Zinci oxid., gr. iv., ext. hyoseyami, gr. iij., in two pills at bed-time.

16th.—No night sweats last two nights. Continue, *pro re natâ*.

Sept. 10th.—No night sweats since. Has taken no medicine since last report.

No. 9.—Thomas L., aged 23; blacksmith. Nov. 20th, 1855. Cough of two months' standing, without expectoration. Pain in left breast, &c. Dyspnœa. Respiration in lower half of left front chest feeble, but audible; in upper half inspiration loud, wavy. At right summit posteriorly expiration abnormally loud and long. No rales.

March 4th, 1856.—Has lost considerable flesh, but has kept at work. Frequent night sweats, with symptoms of advancing pulmonary disease. Percussion dull at right summit front, with crackling at end of inspiration, and long and loud expiration. More or less crepitus throughout right front. Respiration in left front exalted, wavy. Take pills of zinc and hyoseyamus at bed-time.

6th.—Night sweats much less.

No. 10.—Catharine W., aged 21; boot-fitter. Jan. 24th, 1856. Cough during past three months. Copious expectoration of thick, yellow matter; hectic; profuse night sweats. Percussion slightly less resonant at left summit than right, but not flat. Rude respiration, with prolonged expiration at summits front, most marked at left. Crepitus on full inspiration above spines of scapulæ. Cough mixture and pills of zinc and hyoseyamus, two each night.

31st.—*No night sweats since taking pills.*

No. 11.—Ann G., aged 35; married. Feb. 25th, 1856. Cough of six weeks' standing. Cough dry, harassing. No record of auscultation. Severe night sweats for a fortnight past. R. Zinci oxid., gr. iv., ext. conii, gr. iij., in two pills at bed time.

28th.—Night sweats diminished.

March 4th.—Night sweats diminished, but have not entirely ceased.

No. 12.—Thomas K., aged 50; gardener. March 21st, 1856. Cough of two years' standing. Rational signs of phthisis. Profuse night sweats. Cavernous respiration, with gurgling at right summit front; crackling at left summit. Pills of zinc and hyoscyamus.

April 1st.—Night sweats diminished gradually from the time when he began to take the pills, and ceased entirely three nights since.

The night sweats were controlled subsequently by the use of the pills, whenever they existed to an uncomfortable degree. The patient found, however, that his dyspnoea was increased whenever the night sweats were entirely checked.

No. 13.—Edward S., aged 7. April 25th, 1856. Cough for a year past. Free expectoration, particularly in the morning, of thick, yellow matter; emaciation; weakness; irregular appetite; copious night sweats. Slight difference of key on percussion in upper third front in favor of right, but still considerable resonance over left. Respiration feeble in upper part of left lung, except when forced. In right back, respiration somewhat rough, particularly towards base, with a somewhat sonorous character to the expiration. No moist rales heard. The patient was ordered to take cod-liver oil, but no remedy was specially directed for the night sweats.

29th.—Cough looser. Night sweats as before. Zinc and hyoscyamus pills, two at bed-time.

May 5th.—Sweats much less. Continue.

12th.—Night sweats have increased. Continue oil, and take vin. ferri, f ʒ i., tr. ferri mur., gtt. viij. ter die after meals.

21st.—The same. Nothing farther known of the patient.

No. 14.—Margaret S., aged 32; wife. April 28th, 1856. Ailing for six months. Cough for the last three weeks, with some blood in the sputa each morning. Night sweats. No record of auscultation. Tonic infusion. Tr. ferri mur. gtt. xx. after each meal.

May 19th.—Cough as at first visit. Bloody expectoration twice since visit. Night sweats as before. Substitute for iron drops pills of oxide of zinc and hyoscyamus, two each night.

29th.—Night sweats have ceased. The subsequent record shows that the sweats were always controlled by the pills.

No. 15.—Catherine L., aged 28; married. June 4th, 1856. Cough, &c., during past five months. Night sweats. Dulness on percussion at right summit before and behind, with bronchial, almost tracheal respiration in front, with more or less crackling in upper two thirds of right front. Resonance of voice beneath right clavicle. Cod-liver oil and zinc and hyoscyamus pills.

11th.—*No night sweats since.*

No. 16.—Emma M., aged 27; married. June 18th, 1856. General debility, following a profuse catamenial flow, with coagula, a fortnight since. Has worked very hard. No cough. R. Ferri ammonio-citrat., gr. v. Syr. limonis et aquæ, aa f 3 ss. ter die. At bed-time two zinc and hyoscyamus pills. Drink ale.

21st.—Stronger. Night sweats less. Her subsequent recovery was speedy.

No. 17.—Catherine H., aged 20; married. Sept. 12th, 1856. Cough, with slight expectoration during past three weeks. Has raised occasionally a little blood. Night sweats. Rather rude respiration beneath inner half of right clavicle, and also of the left, but not so marked. Fauces rather red, and uvula long. Resonance of voice beneath clavicles. Palliative for cough, and zinc pills, two each night.

26th.—No relief from night sweats.

No. 18.—Michael K., aged 22; plumber. Sept. 11th, 1856. Cough for three months past. Rational signs of phthisis. Night sweats. Family predisposition to phthisis. Flatness at right summit front and down to third rib, with cavernous respiration and large bubbling after cough. Respiration at left summit characterized by a *tardy expiration*, as if from a want of elasticity in the pulmonary vesicles, or an obstruction to the free exit of the air—a sign which I have noticed not infrequently. Percussion beneath left clavicle not fully resonant. Zinc and conium pills, two each night. Cod-liver oil and Bourbon whiskey.

18th.—Stronger. Night sweats less. Continue, and take three pills each night.

No. 19.—John B., aged 21; painter. Aug. 4th, 1856. Cough of seven months' standing. Emaciation; occasional night sweats. Pulse 99 after examination. Dull percussion above and on right clavicle, with deficient resonance below; throughout rest of right front, fair. Corresponding dulness of right back diminishing toward base. Crepitus after cough beneath right clavicle. Feeble respiration throughout right front, with considerable fine crepitus. Crepitus obscurely heard throughout right back, but respiration in right back generally pretty clear. Vocal resonance strong at right summit front. Cod-liver oil and palliatives for cough.

27th.—Expectoration much less, also night sweats. No chills as formerly.

Sept. 24th.—Symptoms much relieved until a week ago. Since that time more profuse expectoration and night sweats. Continue. Alcohol amylici, gtt. vi. ter die. Zinc pills, two at bed time.

29th.—Cough and night sweats less.

No. 20.—Michael D., aged 36; tailor. Jan. 27th, 1857. Slight cough more or less for three years. Expectoration slight, with occasional traces of blood. Anorexia. Bad taste and coated

tongue. Bowels not moved for six days. Chills and night sweats. No marked physical signs of pulmonary disease. Cathartics, to be followed by tonics.

31st.—Night sweats less. Take two zinc pills at bed-time each night.

Feb. 3d.—As before. Increase zinci oxid. to gr. vi. each night.

4th.—No perspiration last night. Continue. Subsequent records confirmed the good effect of the zinc.

No. 21.—John McH., aged 25; laborer. Jan. 28th, 1857. Cough of two months' standing, and rather dry. Expectoration scanty, of thick, yellow matter. Emaciation; anorexia; general weakness, &c.; copious night sweats. Percussion, on, above and beneath right clavicle, less resonant than over corresponding part of left chest, but not absolutely flat. Respiration correspondingly feeble, also, at right summit behind. No rales. Take three zinc pills each night.

30th.—Sweats much less.

Feb. 2d.—As before. Increase dose of zinci oxid., and substitute ext. gentian for hyoscyamus in pills.

No. 22.—Mary L., aged 32; widow. Jan. 29th, 1857. Night sweats for seven months past. Slight cough, without expectoration. No dyspnoea. No record of auscultation. Take zinci oxid., gr. iv., each night, in two pills.

31st.—No relief. Take three pills each night.

Feb. 3d.—Night sweats much diminished. Continue.

10th.—Out of pills for some days; since when, night sweats have returned. Continue.

18th.—Sweats checked by pills.

No. 23.—Mary M., aged 22; domestic. Feb. 10th, 1857. Cough of a year's standing. Profuse expectoration, &c. Daily chills and night sweats. Percussion flat at right summit, with bronchial respiration and large mucous bubbles beneath right clavicle on forced inspiration after cough. Take two zinc pills each night, &c.

14th.—*No night sweats since.* Chills less. Continue.

No one can doubt, I think, on running his eye over the above cases, that the night sweats were checked by the oxide of zinc. In some instances they were immediately suspended after the first dose; in most, they were sensibly lessened, and there is hardly one in which two or three doses did not have the desired effect. It is probable that a larger dose would have acted earlier in the more tardy cases, if I had had much experience with the remedy, or the patients had given me the opportunity of prescribing a larger dose, by presenting themselves more frequently at the Hospital.

VERATRUM VIRIDE—CONFIRMATORY EVIDENCE OF ITS VALUE IN A CASE OF PNEUMONIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the profession being directed to the above article, I send you the following case, illustrating its activity, which, should you deem it worthy of record, is at your disposal. It is proper to state that the case terminated fatally.

The patient was a colored woman, about thirty years of age. The symptoms of pneumonia were all well-marked, except the *sputa*, which were only tinged two or three times and that but slightly. As the case was one of an extremely acute character, it was decided, Dr. Whitridge being also in attendance, to adopt the most active antiphlogistic means. She was bled twice from the arm, leeches twice on the left side, where there seemed to be the greatest difficulty; and twice blistered on this same side. The bleeding was borne remarkably well, and seemed to be beneficial. At the same time, calomel, antimony and nitrate of potash, in the proportion of two grains, one sixth, and ten grains, were administered every two or three hours, with but slight intermission for about two weeks, with an occasional Dover's powder at night. And yet, with the whole we failed to act upon the skin, either in diminishing its heat and dryness, or producing the least noticeable degree of moisture. We failed to reduce the frequency of the pulse, though its hardness succumbed. We failed to destroy or even alter the viscosity and tenacity of the expectoration.

Thus failing in all the most reliable means, we concluded to try the veratrum viride as a last resort. The tincture was used, not being able at the time to procure Tilden & Co.'s preparation. Five drops were given at first, and in five minutes the patient stated she was in a profuse perspiration. When I saw her, which was about three hours afterwards and before the dose had been repeated, I found her literally in a harvest sweat, and the *sputa* were more free and less viscid. This first dose did not reduce the frequency of the pulse. Under the second dose the pulse was reduced some five or six strokes—the perspiration still profuse. After the fourth dose, the pulse had fallen twenty-four strokes—the expectoration still continuing, and more free, loose, and abundant. There was considerable nausea, though no emesis was produced. This sickness was accounted for by the patient, from having eaten some mashed potatoes. The fifth dose was not given for nine hours after the fourth, and then only three drops administered, which, in three hours, reduced the pulse two strokes and kept the skin in a soft and pleasant state; so that from 2 o'clock of the one day, March 24th, to 11 o'clock the next day (21 hours), five doses of the veratrum had been given, and the pulse fell from 120 to 94 (reduction 26 strokes), and the respiration was entirely free.

In the next 21 hours (March 25th), the veratrum was given in

three-drop doses, and but five were taken. The perspiration was kept up, the pulse had fallen to 80 strokes—the expectoration all the time free and abundant, and the respiration also still free.

In the next 21 hours (March 26th), the veratrum was given only in two-drop doses, and the pulse rose to 112; 32 strokes higher than the day previous. Two drops, then, it would seem, were not sufficient to keep the pulse under. But it is proper to state that during this time the medicine was not given regularly, and the patient got no sleep from being constantly annoyed by company. In the next 21 hours (March 27th), the veratrum was increased to three drops. On the evening of said day the pulse was down to 88, but there was no perspiration, and the skin was hot and dry. Five drops were now given, with instructions to repeat the same dose in three hours if there was no perspiration. The second dose was given at 9 o'clock at night, after which, it is stated, the patient had a most distressing time the whole night, from a constant retching, which produced a sinking sensation as if she must die. There was, however, free perspiration, and a most abundant and constant expectoration. The drops were not again repeated till 5 o'clock in the morning, when only three were given. I saw her about 8 o'clock, A.M., March 28th, when she was still retching and expectorating most profusely, constantly, and painfully. The vessel contained about from one and a half to two pints of sputa for the last 14 hours. She was inclined to throw off the clothes, complained of being cold, and presented an extremely prostrated and sunken condition. On examining the pulse, I was alarmed to find it had sunk to 64, and that since the evening previous, a period of fourteen hours, it had fallen 48 strokes. Laudanum and compound spirits of lavender, lime water and milk, and ice, were given to restrain the retching; also a hot poultice was applied to the stomach, and warm applications to the feet. Here it would seem that two doses of five drops each, following each other, were too much, and that probably the veratrum, like digitalis, is accumulative.

11 o'clock, A.M. (3 hours).—The pulse still 64; though the patient was more quiet, the retching had ceased, and the coldness had passed away. Animal broths were directed.

4 o'clock, P.M. (5 hours).—Found patient better. The pulse had rallied, and was up to 80. No veratrum had been given since 5 in the morning, and there had been little or no expectoration since the medicine was stopped.

8 o'clock, P.M.—The pulse was up to 82, face flushed, and skin hot and dry, though she expressed herself as being quite easy and comfortable. The veratrum was again commenced in three-drop doses, to be given every three hours.

March 29th, 8 o'clock, A.M.—The patient had a pleasant night, slept for two or three hours, and took four doses of the veratrum

during the night. Pulse at 80, skin moist, and some expectoration. Drops continued.

4 o'clock, P.M.—Pulse 88; patient had slept, and felt better. The three-drop doses to be continued.

30th, 8 o'clock, A.M.—Patient had slept well, and said she felt much better. Pulse 76. Expectoration profuse, about one pint in the last twenty-four hours; skin soft and pleasant. 11 o'clock, A.M.—Pulse up to 90, increase of 14 strokes in three hours. This was attributed by patient to eating some preserves, which made her very sick and vomited her. 6 o'clock, P.M.—Pulse fallen to 80; expectoration continues; skin moist, and patient comfortable. Medicine continued in three-drop doses.

31st, 8 o'clock, A.M.—Pulse 100; expectoration profuse; appetite great, and ate too much in the night. Cough troublesome, for the first time. 6 o'clock, P.M.—Pulse 90; expectoration not so great; skin cool and pleasant, but no free perspiration.

April 1st, 8 o'clock, A.M.—Pulse 88; expectoration viscid, ropy and considerable in quantity; skin cool and pleasant, and the patient had a good night. 6 o'clock, P.M.—Pulse 112; increase of 24 since morning. Expectoration profuse; skin hot and moist. The three-drop doses seem to have lost their effect, and four drops were ordered.

2d, 8 o'clock, A.M.—Pulse 100; but one dose of four drops was taken, when the patient became sick, and the skin broke out into free perspiration, when the three-drop doses were again returned to. Expectoration continues ropy, viscid, and abundant, about three-fourths of a pint in the last twenty-four hours. 11 o'clock, A.M.—Pulse 108. It was now concluded, Dr. W. still in attendance, to stop the veratrum, as it produced such copious and constant expectoration and perspiration as to be an unceasing drain, thus weakening the patient, and by adding to the debility, thereby increasing the already strong tendency to great frequency of the pulse.

Tincture of digitalis in ten-drop doses was substituted to reduce the pulse, and hydrocyanic acid in one-drop doses was given for the cough. 8 o'clock, P.M.—Pulse 112; had taken but one dose of digitalis.

3d, 9 o'clock, A.M.—Pulse still 112; one dose of digitalis given in the night; two doses taken without reducing the pulse. Expectoration still profuse, ropy and viscid; cough better; appetite not good. 6 o'clock, P.M.—Pulse 116; skin hot and dry; face burning; expectoration the same, and cough troublesome. Three doses of digitalis given through the day, and yet the pulse, instead of being reduced, was increased four strokes since morning.

4th, 8 o'clock, A.M.—Pulse 112; expectoration yellow, very ropy and abundant, about one pint in the last twenty-four hours. Skin pleasantly soft; did not sleep much in the night. 6 o'clock,

P.M.—Pulse 112; perspiration through the day, and patient evidently failing.

5th.—Pulse 112 through the day; expectoration the same; skin hot and dry; cough troublesome, and patient worse. Digitalis suspended, as it had no effect on the pulse, and cough mixture continued. Spirits of nitrous ether given.

6th.—Pulse the same; expectoration not so ropy and viscid, but as abundant. There was some perspiration and a little sleep.

7th, 8 o'clock, A.M.—Pulse 116; expectoration profuse; cough not so troublesome. Slept well in the night, and says she feels better. Nitre and cough mixture continued.

8th, 8 o'clock, A.M.—Pulse not satisfactorily counted. Had a bad night, and evidently failing. 5 o'clock, P.M.—No better; a good deal of tremulousness. Ordered wine and wine whey. 8 o'clock, P.M.—Worse.

The patient continued under the use of stimulants, with a slight but only occasional improvement, till the following Tuesday, when she died.

REMARKS.—This case is a very interesting one as to the action of the *veratrum viride*, and has been given in detail, that the effect of this article may be seen from day to day. It seems clearly to follow, in this case at least, that the *veratrum* is a prompt and most powerful diaphoretic; that it is equally, or nearly, as prompt and efficient an expectorant; and that it is a decided and reliable arterial sedative. This case enables us also to fix the doses (so far as evidence in a single case can be considered trustworthy) which may be administered with safety. And, finally, it gives us an opportunity of contrasting this agent with digitalis, where its power of reducing the pulse seems to be much greater—in fact, acting decisively when the digitalis almost entirely failed. But here it may be objected, and with a good degree of propriety, that the digitalis could not have been good. Possibly such was the case. It is unquestionably an agent of much power, and merits, we think, a fair trial from the profession as to its real value.

Baltimore, Md., April, 1857.

W. R. HANDY.

Bibliographical Notices.

Statistical Report of the Sickness and Mortality of the Army of the United States, Compiled from the Records of the Surgeon General's Office, embracing a Period of Sixteen Years, from Jan. 1839, to Jan. 1855. Prepared under the direction of Brevet Brigadier General THOMAS LAWSON, Surgeon General United States Army, by RICHARD H. COOLIDGE, Assist. Surg. U. S. Army. Washington: 1856. 4to. pp. 703.

In the year 1840, Dr. Lawson, Surgeon General of the United States Army, caused to be prepared and published, a Statistical Report on the Sickness and Mortality in the Army, for a period of twenty years,

ending January, 1839. In 1852, he addressed a circular letter to the medical officers, requiring them to forward descriptions of the geographical positions of their posts, and of the surrounding country, with the geological formation, fauna, flora, characteristics of climate, the prevalent diseases, and also as many facts as possible concerning the vital statistics of the inhabitants in the vicinity, particularly the Indian tribes. The replies to this circular form the basis of the volume before us, which for value of statistical information concerning the diseases of the different parts of our country, and the health of our troops, is one of the most important scientific works ever issued from the American press.

For the purposes of this Report, the military posts of the United States have been divided into the Northern, including that portion of the country lying north of the fortieth degree of latitude, and east of the Rocky Mountains; the Middle, lying between the thirty-fifth and fortieth parallels; and the Southern, between the thirtieth and thirty-fifth degrees of latitude. In addition to these, are the Divisions of Florida, Texas, New Mexico, California, and of Oregon and Washington Territories. The medical topography, prevailing diseases, physical condition of the inhabitants and the medical statistics of the troops peculiar to each of these divisions, are described with a fidelity and apparent accuracy which does honor to the medical officers of the various posts. The letters received in reply to the Surgeon General's circular are generally printed entire, while the statistical results concerning the health of the soldiers in each division are arranged in the form of an abstract, showing the number of cases of the various diseases in each quarter of every year, from 1839 to 1854, inclusive. An extensive series of meteorological tables follows, giving the average temperature, and measurements of rain, for every month and year, and observations on winds and weather. Next come the statistics of the war with Mexico, and of the recruiting service. An Appendix of 53 pages contains elaborate reports on the effect of the employment of quinine in large doses, received from fifty-seven medical officers, in reply to a circular addressed to them by the Surgeon General. A good outline map of the United States, exhibiting the position of the military posts, accompanies the work.

Among the great variety of subjects which the perusal of this work offers to the reader, and the important results it contains, we must restrict ourselves to the notice of one which has been hitherto but little investigated, but which deserves an attentive study from its bearing on a class of diseases which all practitioners are called on to treat. It is a common belief that the women of native tribes, free from the enervating influences of luxury, and (as supposed) from interference by art, are unusually exempt from the sufferings and perils of child-birth, and from those diseases which so frequently follow it in civilized life. This idea has already been shown by Robertson (*Notes on the Diseases of Women, and Midwifery*) to be erroneous, and his views are confirmed by the observations of several of our army surgeons, recorded in this work.

Assistant Surgeon Alex. S. Witherspoon, who was stationed at Fort Kent, in the most northern part of the State of Maine, at the junction of the Fish river with the St. John's, describes the manners and condition of the population in that vicinity. The inhabi-

stants, it is true, are not Indians, being chiefly of French descent, but all of them are poor, and their mode of living is hardly above that of our native tribes, at least as regards their hygienic condition. These people marry at an early age, contrary to the usual belief that early marriages are only met with in warm climates. In one instance, a boy of 13 was married to a girl of 14; and during Dr. W.'s residence in the country, a girl of 13 years was married, who had never menstruated: "and this," he adds, "I am told, is by no means uncommon." The fertility of these women is extraordinary. An instance is given of a man who has had 20 children, "18 by his first wife, and 2 by his second. She is *enceinte*. His oldest daughter has been married ten years, and has had eight children. His mother had three pairs of twins." Another man had 26 children by one wife, who had her last infant at the age of 53. "Buonaventure Le Crog, in eighteen years, had 19 children; of these, five pairs were twins." Numerous other instances are recorded. Midwifery practice does not appear to have attained a high standard among this people. The women "are attended during their confinement by the older women, some of whom have acquired considerable reputation in the management of obstetrical cases. They do not hesitate, when the labor does not progress with sufficient rapidity, to seize upon the presenting part, and effect delivery by main force. In an arm presentation, the midwife fairly tore the child to pieces, effecting a delivery by means of a common kitchen pot-hook; and what is rather singular, the mother recovered without any serious trouble resulting. They leave their beds often within twenty-four hours after the birth of the child, to attend to their customary household employments. In consequence of this, their rapid child-bearing, and the hard labor to which they are occasionally subjected, the great majority of the females, particularly when advanced in life, suffer from prolapsus uteri and leucorrhœa. Uterine hæmorrhages are also of very frequent occurrence."

Appended to the report of Assistant Surgeon J. Frazier Head, from Fort Ripley, is an interesting letter from Dr. David Day, on the vital statistics of the Winnebago Indians. He says, among other remarks of great interest, that "the diseases incident to the female organs of generation are extremely common, especially prolapsus uteri and leucorrhœa. The former of these complaints, amounting in many instances to complete procidentia, is so frequent, that a majority of all the women who have borne children are affected with it. Nor is this surprising, when the ill after-treatment to which their parturient females are subjected is taken into consideration. They never maintain the recumbent position an hour after delivery, and generally return within a day or two to the labors of the cornfield, or to the carrying of heavy burdens, and performing all the laborious duties usually assigned to the squaw. An Indian woman can no more violate with impunity the obvious hygienic treatment necessary in the parturient state, than can a white woman. The process of parturition among Indian women does not differ in any material respect from the same process in others; except, perhaps, in being somewhat shorter, and attended with less suffering, which I believe to be owing rather to a low degree of nervous sensibility than to any material physical difference."

Assistant Surgeon Hasson, writing from Phantom Hill, Texas, says of the Camanches, "In spite of all that is sometimes said about the

effects of exposure in hardening the Indian's corporeal frame, it is probably true, as a general rule, that only the hardier constitutions survive the process, and many lives are lost during infancy, which, in a civilized community, would have been reared to useful manhood. Our interpreter tells me that among the Camanche women he has frequently known and heard of cases of death in childbirth, and that he has seen in the tribe many cases which he called rheumatism and consumption." These Camanches, according to Assistant Surgeon Swift, "mostly die in infancy, though many live to great age." Assistant Surgeon Crawford, writing from Fort M'Kanett, Texas, says, "I would draw attention to the fact that in every case of labor here the placenta has been retained eight, and sometimes twenty-four hours; and I find upon inquiry that this is frequently the case in this country. The uterus relaxes after labor, and, unless carefully watched, dangerous hæmorrhage may occur. By careful bandaging, and exciting the uterus by frictions, cold water, and the internal use of ergot in small doses, frequently repeated, I have generally succeeded in preventing inordinate hæmorrhage, and in delivering the placenta in the course of eight or fourteen hours."

Assistant Surgeon William S. King thus writes concerning the health of the natives of Monterey, in California: "The diseases peculiar to women are far more common in Monterey than any other class of disorders. Of these, the most common are leucorrhœa, prolapsus uteri and deranged menstruation. These affections are more numerous in proportion to the population than in any community I have ever known. The two first-named are, I believe, owing to the mode of treating parturient women, practised by the natives of the place. It is the custom in Monterey, when labor begins, to place the woman on a chair in the middle of the room, and a rope is fastened to the rafters above her head, which she is directed to pull. Round her abdomen, a broad towel or rebosa is passed, the ends crossed behind, and entrusted to assistants, who are instructed to tighten it when the abdominal tumor descends, during the pain, and *belay there* (as it were), until the arrival of the next pain, when it is hauled *taut* again, so as to hold on each time to the progress made, and not permit the usual ascent of the tumor, after the subsidence of the pain. With the same view, a strong man is frequently seated behind the woman, who, with his hands placed on her abdomen, makes strong pressure downward, at each pain, with the idea of assisting, by mechanical force, the contractions of the uterus. All this time, the midwife (generally some old woman) is seated in front with one, and, if possible, both hands in the vagina, making all the traction in her power. When the woman and her assistants are fatigued, she is placed upon her knees, on the floor, but without relaxing any of the means and appliances which would cause them to lose the advantage already gained. These violent measures often prove fatal to both mother and child. Usually, on the termination of labor, the woman is completely exhausted. From the injury done to the soft parts by the long and rough handling, inflammation and ulceration often ensue, thus laying the foundation of uterine and vaginal disease, and displacement of the uterus."

Taking a long step to Astoria, we get a report from Assist. Surgeon Moses, whose observations were made from latitude 43° to latitude 54° north. Among the Cathalamets, he says, "Child-bearing is no

more easy nor less dangerous a process than among other females in the same circumstances of life. The older females of the neighborhood are the midwives, and are quite as good and useful as our more fashionable monthly nurses. Where nature is not interfered with, and no unusual malposition or malformation presents, the infant safely enters the world. Should any abnormal circumstance arise, the child or mother, or most frequently both, are sacrificed. The attending midwife calls in consultation other *sage-femmes*, and these failing to afford relief, the woman is left to die."

The Dissector's Manual of Practical and Surgical Anatomy. By ERASMUS WILSON, F. R. S. Third American, from the last revised London Edition. Edited by WILLIAM HUNT, M.D., Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia: Blanchard & Lea. 1856. 12mo. pp. 583.

A most valuable guide to the student of practical anatomy, by the well-known author of the "Anatomist's Vade Mecum," whose name is a sufficient guaranty for its accuracy and completeness. It is of convenient size for the dissecting-room, and is well printed as far as the text goes. We cannot, however, speak well of the illustrations, which, though numerous, and in most instances well engraved, are generally so badly printed as to be of little service. Notwithstanding this defect, we can recommend the book to all engaged in dissecting.

The Physician's Pocket, Dose and Symptom Book. By JOSEPH H. WYTHES, A.M., M.D., &c. Second Edition. Philadelphia: Lindsay & Blakiston. 1857. 32mo. pp. 230.

This work may occasionally be of service to the young practitioner as a book of reference, to enable him to find the dose of some medicine or the value of some symptom, and save the trouble of searching in larger works, but like all helps of the kind, it is necessarily imperfect. To the student of medicine it may prove a convenient companion during the hospital visit, as its size allows it to be easily carried in the pocket. The chapter on dietetic preparations will be found useful to all practising physicians, most of whom have but little acquaintance with the mode of preparing the various articles of the diet of the sick. The work may be had of Ticknor & Fields.

Fourth Annual Report of the Board of Directors of the Pennsylvania Training School for Idiotic and Feeble-minded Children, to the Corporators. Philadelphia: 1857. 8vo. pp. 24.

This institution has now reached its fourth year, and, to judge from the report, the most encouraging success has hitherto attended it. It now contains 33 inmates, of whom 11 are epileptics, 12 scrofulous, 13 mutes, 6 semi-mutes, 10 with defective articulation and 4 with correct articulation. All the mutes have the sense of hearing perfect. The Principal, Dr. Joseph Parrish, notices the important fact that idiocy and epilepsy are frequently concurrent in the same individual, and that epilepsy almost always results in mental imbecility. Three striking cases are detailed of improvement of pupils of a low grade. In others the advancement is still more rapid. One of the pupils will be qualified for the primary department of the public schools.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 30, 1857.

THE CITY HOSPITAL.

We published in our last number a few extracts from the report lately presented to the Board of Aldermen by the Joint Special Committee on the subject of a Free City Hospital, with the resolve and order which were adopted by the board. In reading the report, one cannot but be struck with the amount of evidence in relation to the necessity for such an institution. This evidence was sufficient in 1849, when the subject was also agitated, to induce the Joint Committee of the City Council to report unanimously in its favor. Since that time the want of more hospital accommodation has in no wise diminished with the growth of the city, and the increase of building, and of manufacturing establishments, so productive of accidents among the poorer classes.

It appears from the records of Dr. Abbot, the admitting physician to the Massachusetts General Hospital, that during the two and a half years commencing January 1, 1847, the number of applicants refused at the Hospital was 731; 561 of whom were refused on account of there being no vacancies, or free beds. During the seven years commencing January 1, 1849, an average of 107 applicants have been annually rejected for the same reason. "The number of unsuccessful applicants is no just index of the wants of those seeking admission, as the difficulties encountered in one attempt to obtain a free bed, often prevent a second application." From the statements of the Dispensary physicians, we learn that there are annually about *two hundred patients*, who, in their judgment, ought to be admitted into a City Hospital.

It has been urged as an objection to the establishment of a new hospital, that the Deer Island establishment is not only large enough to contain all the sick poor of our city, but that it is a proper refuge for all such subjects. We attempted to show, on a former occasion, that this opinion was erroneous, and we are glad to find that Dr. Moriarty, whose experience and judgment will, we think, be questioned by no one, agrees with us. In a letter of Dec. 23, 1856, he furnishes the following information. "The average number of inmates in the Hospital at Deer Island is about one hundred per annum. About one half of those sick were above the common class of paupers, and were suitable subjects for a Free City Hospital. Nine years' experience, here, has satisfied me that a free hospital is much needed within the precincts of the city; and I trust that the effort to establish one will not be in vain."

We append the closing paragraph of the Report. "In closing this Report, the Committee cannot refrain from alluding to the unanimity with which this measure is regarded by our citizens generally. Few subjects, probably, have ever been presented to the consideration and action of the City Government, on which the expressions of public sentiment have been so universally favorable. No opposition has been manifested, none apparently exists. No argument has been attempt-

ed, none seemed to be required. And the Committee have presented a simple statement of facts, which, they are confident, will appeal to the heart of each and every member of the City Council, whose own experience and conviction will furnish them with good and sufficient reasons for sustaining this measure, so necessary for the comfort of the suffering, for the reputation of the city, and for the honor of its government. With these views, the Committee earnestly and unanimously recommend the passage of the accompanying resolution and order."

AMERICAN MEDICAL ASSOCIATION.

THE tenth annual meeting of this body will take place in a few days (next Tuesday), and we regret not to know of a large delegation from this vicinity. To most practitioners it is not easy to go so far, occupy so much time and spend so many dollars. There has, however, in former years been much zeal manifested in attending these conventions, even when holden at a distance, and we sincerely hope that New England will send many representatives at this time. To those who can spare the time and the money, no more excellent opportunity could offer, to combine pleasure with profit. Many portions of the Western country easily accessible from Nashville could be visited, and those going in parties might do this at less expense, perhaps, than if alone.

It is, in our view, highly important to keep up that interest in the Association which has been hitherto manifested, and even to increase it. Its published volumes bear testimony to the efficiency of its management, and the value of its publications has steadily increased.

We append a portion of an editorial notice and welcome from the *Nashville Journal of Medicine and Surgery* for April, 1857.

"The next meeting takes place in Nashville, in the Hall of Representatives in the Capitol, on Tuesday, the 5th day of May next. We hope all of the Medical Societies, Hospitals and Medical Schools of the State will send a full representation. The Southern Atlantic States, Delaware, Maryland, Virginia, the Carolinas and Georgia will find Nashville easy of access by railroad, and should send rousing delegations. The Gulf States, Florida, Alabama, Mississippi, Louisiana and Texas will have little difficulty in reaching here; while to the North, North East and North West, Nashville is as accessible as any point in the interior valley, and we hope to greet crowds of brethren from those regions. A band of brothers devoted to science and humanity, united by bonds that no earthly power can sever, looms up in times of trouble, a mighty type of the great political confederacy instituted by the fathers of the Republic, to insure prosperous peace and tranquillity to their latest posterity."

REPORT OF THE PHYSICIAN OF THE TEWKSBURY ALMSHOUSE.

WE are glad to read favorable evidence from Dr. Jonathan Brown, the physician of one of our State Almshouses, as to the hygienic improvement therein, and the consequent elevation of the standard of health among its inmates. We have occasionally met with children from this Almshouse, ill, seemingly, from lack of care, and especially of woman's care, and in whom regular habits, well-ventilated rooms, nourishing food and simple tonics at once restored the health, so that

in a short time they became, from being very puny, quite robust. All that the most excellent physician can do, in such an institution, without the aid of *Hygeia*, must be completely or nearly unavailing. The following extract promises much for the inmates.

"Aside from the 'healthy season,' there are other causes which I think have had influence in preventing sickness in the house; ventilation has been greatly improved, particular care has been used to prevent crowding any of the rooms, and, since spring opened, the house has not had more inmates than could be accommodated with perfect ease."

Dr. Brown thinks that much benefit has been experienced from banishing vinous and alcoholic liquors, in medicinal use there previously. We doubt not this is true, but certainly there must be instances when such liquors would be nearly indispensable; and if (as should be the case in all such public charities) their administration be under the physician's supervision, we cannot imagine them aggravatory of the general health of the establishment. Dr. Brown, however, thinks that "our public almshouse patients, as a whole, are far better off *without* than *with* these remedies." The experiment needs a longer trial to test it fairly.

Medical Improvement and Mass. Medical Benevolent Societies—Social Entertainment.—The invitation extended to members of these Societies by Dr. George H. Lyman, was fully responded to on Tuesday evening last: and the occasion was one which will be most agreeably remembered by all present. We have heard but one opinion upon this social *réunion*, and that is that it was successful in the highest degree. Notwithstanding the very unfavorable weather during the day, and the late hour at which the sky became clear, this *improving* meeting was full of *benevolent* and gratified guests—old and young, and from far and near; nor were they by any means eager to *adjourn*, finding doubtless the "specimens," though by no means "morbid," yet deeply interesting—and considering the project one worthy the attention of all who value the *well-being* of our profession.

We congratulate the courteous host upon the very agreeable fulfillment of his intentions, and trust that the members of our Societies will often have similar opportunities for the interchange of kindly greetings and for social enjoyment.

Carbonized Biscuit.—We have seen a sample of biscuit prepared with charcoal, by Dr. Charles Warren, which would seem to be a convenient form of administering that substance in various diseases of the digestive organs. We are convinced that charcoal has been much neglected in the treatment of dyspepsia, and would recommend those who are desirous of employing it, to make trial of Dr. Warren's biscuit. They are free from all disagreeable taste, although each biscuit contains fifteen grains of charcoal. They will also be found useful as a means of making quickly a charcoal poultice.

Treatment of the Poison of Strychnine.—Dr. Marshall Hall's method of resuscitating persons after long submersion in water has been inserted in the Journal. It has acquired the name of the "Ready Method," on account of being capable of adoption by almost any per-

son at hand, and wherever the inanimate body may be. It will be seen by the following note from Dr. Hall to the editor of the *London Lancet*, that he is in the habit of adopting the same treatment in some cases of poisoning. He says:—

"Judging from many experiments, I believe that strychnine destroys life in *three ways* :

"1. By inducing *laryngismus* and apnœa (or asphyxia) ;

"2. By inducing exhaustion of the nervous power, the effect of spasm and pain ; and

"3. By a secondary asphyxia.

"The *first* object in the treatment is, of course, to get rid of the poison. Emetics must be given. But if these fail, the hopeful remedy is, to place the patient *prone*, and in the interval between the spasms, to tickle the fauces with a feather or other object.

"The *second*—the important remedy, is—*tracheotomy*. In my experiments, I gave the same poisonous dose of the acetate of strychnine, to *each of two* dogs, and performed tracheotomy in *one* ; and left them undisturbed for the night. The one in which tracheotomy was performed, *lived* ; the other infallibly *died* ! Tracheotomy disarms laryngismus of danger—of its apnœa.

"The *third* remedy is—the *Ready Method*, with two objects : the first, to administer respiration as the remedy for the *effect* of the laryngismus, &c., apnœa or the suspension of respiration ; the second, adding tickling to the fauces, again, to empty the stomach ; a third may be, even when all spasm has ceased, to *continue* the alternate pronation and rotation, that is—respiration—in the hope that life may be continued until the poison may be eliminated from the system, as well as mechanically regurgitated from the stomach."

Correction.—We stated, in our last number, in answer to a correspondent, that there is no hydrate of potassa employed in medicine. We should have stated that the hydrate of potassa (caustic potash) is never employed *internally* in medicine. It seems hardly possible, that the name should be confounded with the *hydriodate of potassa*, but the American Pharmacopœia has very properly discarded it, employing instead simply the word *potassa*.

Health of the City.—The most noticeable point in the mortality table this week is the small proportion of females. There are only 27, to 47 males. The number of deaths for the corresponding weeks of this and last year are nearly the same ; 76 in 1856, 74 last week. Two more deaths this week by scarlet fever, than last—but only a small number, comparatively, there being seven.

Communications Received.—Hay Asthma.—Management of Post-Partum Hemorrhage.—Tabulated Obstetrical Facts.—Apparatus for Fractured Clavicle.—Abstract of an Address before the New London Medical Society.

Books and Pamphlets Received.—Churchill on Diseases of Women. Edited by D. F. Condie, M.D. —Ladlow's Manual of Medical Examinations.

DIED.—In Perry, N. Y., on the 10th of April, Dr. Mason G. Smith, aged 60.

Deaths in Boston for the week ending Saturday noon, April 25th, 74. Males, 47—Females, 27.—Accident, 1—apoplexy, 2—inflammation of the bowels, 3—bronchitis, 1—consumption, 18—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in head, 2—drowned, 1—debility, 1—infantile diseases, 8—typhoid fever, 1—scarlet fever, 7—disease of the heart, 5—hemorrhage of the lungs, 1—inflammation of the lungs, 6—pleurisy, 1—disease of the spine, 3—scrofula, 2—smallpox (at Deer Island), 1—scalded, 1—teething, 1—unknown, 1.

Under 5 years, 29—between 5 and 20 years, 15—between 20 and 40 years, 23—between 40 and 60 years, 4—above 60 years, 3. Born in the United States, 47—Ireland, 15—other places, 12.

New York State Lunatic Asylum.—From the fourteenth Annual Report of the superintendent of this Asylum (Dr. John P. Gray), for the year ending November 30, 1856, we gather the following items:—Number of patients at the commencement of the year, 455; received during the year, 242; whole number treated, 697. Daily average under treatment, 454. Ordinary capacity of the house, 440. Discharged recovered, 100; improved, 33; unimproved, 65; not insane, 8; died, 30; total, 236. Remaining November 30, 1856, 461.

"The inadequacy of the institution," says Dr. Gray, "to meet the increasing wants of the insane of the State, is becoming more and more widely felt. Most painfully has this been impressed upon hundreds, whose friends we have been unable to admit, and who have been compelled to retain them at home, and see them gradually sink into a state of incurability; or remove them, often at the risk of life, to an inconvenient distance from their families, to such asylums abroad as were willing to receive them. It is certainly no credit to the State that her sick cannot be treated within her own borders, but must seek in other States what they should find at their doors."

Dentistry and the Microscope.—Much light has been thrown on anatomy, physiology and pathology by the use of the microscope, and much connected with these sciences remains yet to be investigated by means of this instrument. This is not less true of these sciences viewed in their relation to dental, than to general surgery. The attention of the dental profession is becoming more and more enlisted in microscopic observations, which, connected with a dissemination of correct chemical knowledge, we regard as the most efficient means of perfecting dental science. An important step in this direction was the establishment of a chair of "Microscopic and Comparative Anatomy of the Teeth," in the Baltimore College. We, however, do not see where there is room for a course on the microscope, in a session so short, if the other departments receive the attention they require, and would hence suggest to the several schools the propriety of longer sessions.—*Dental Register of the West.*

Singular Malformation.—There is in this vicinity, a singular case of deformity. The lower extremities of a boy, now eight years of age, are turned completely round—the heel being before, and the toes behind. There is no patella to either knee; this joint, in fact, bends backward, so that when the child kneels down his lower legs are in front of the body. There seems a defect in all the bones except at the hip-joint. He can walk without support.—*Southern Journal of Medical and Physical Sciences, Knoxville, Tenn.*

California State Medical Society.—The second annual session of the Medical Society of the State of California, was held at Pioneer Hall, in Sacramento, on Wednesday, February 11th, 1857. The late president, Dr. B. F. Keene, having deceased since last session, Dr. E. S. Cooper, senior vice president, occupied the chair. Dr. H. Gibbons, of San Francisco, was afterwards elected president, and the other officers were also chosen.

Amylene.—At the last meeting of the Medical Society of London, Dr. Snow showed a specimen of amylen which had a less powerful and more agreeable odor than that which he showed to the Society on a former occasion. He said that the change had been produced by great care in its preparation on the part of Mr. Bullock, and that the chief obstacle to the use of this agent was in a great measure removed; and he expected that the odor would be still less when the amylen could be procured in a state of more absolute purity. He had given the amylen in 69 operations, and in one case of labor, since he read the paper on January 10th, making a total of 91 cases. The results confirmed what he had stated on the former occasion, as to certain advantages it possessed over chloroform in a number of instances. A little vomiting had occurred in six of the cases; this was much less than would be met with from chloroform, more especially as many of the patients had taken a meal just before the operation.—*London Lancet, March 7th.*

Longevity.—From the returns of the Registrar-General it appears that in three years 266 persons have died in England and Wales of the age of one hundred years and upwards.—*Id.*